

2011 Military Health System Conference

World Class Health Care in the NCR

Where The Nation Heals Its Heroes

The Quadruple Aim: Working Together, Achieving Success

Vice Admiral John Mateczun, Commander, Joint Task Force National Capital
Region Medical
January 26, 2011



JTF CapMed



The Quadruple Aim: Working Together, Achieving Success

Costs of Health Care



Leaving aside the costs of treating wounded warriors - (Secretary) Gates calls that “a sacred obligation” - health-care spending on the military and their families has doubled (in constant dollars) over the last decade. Health-care costs, Gates says, are “eating the Defense Department alive.”

September 12, 2010

The Newsweek logo, consisting of the word "Newsweek" in white, bold, sans-serif font, centered within a solid red square.

Learn and Adapt



FM 3-24
MCWP 3-33.5

COUNTERINSURGENCY

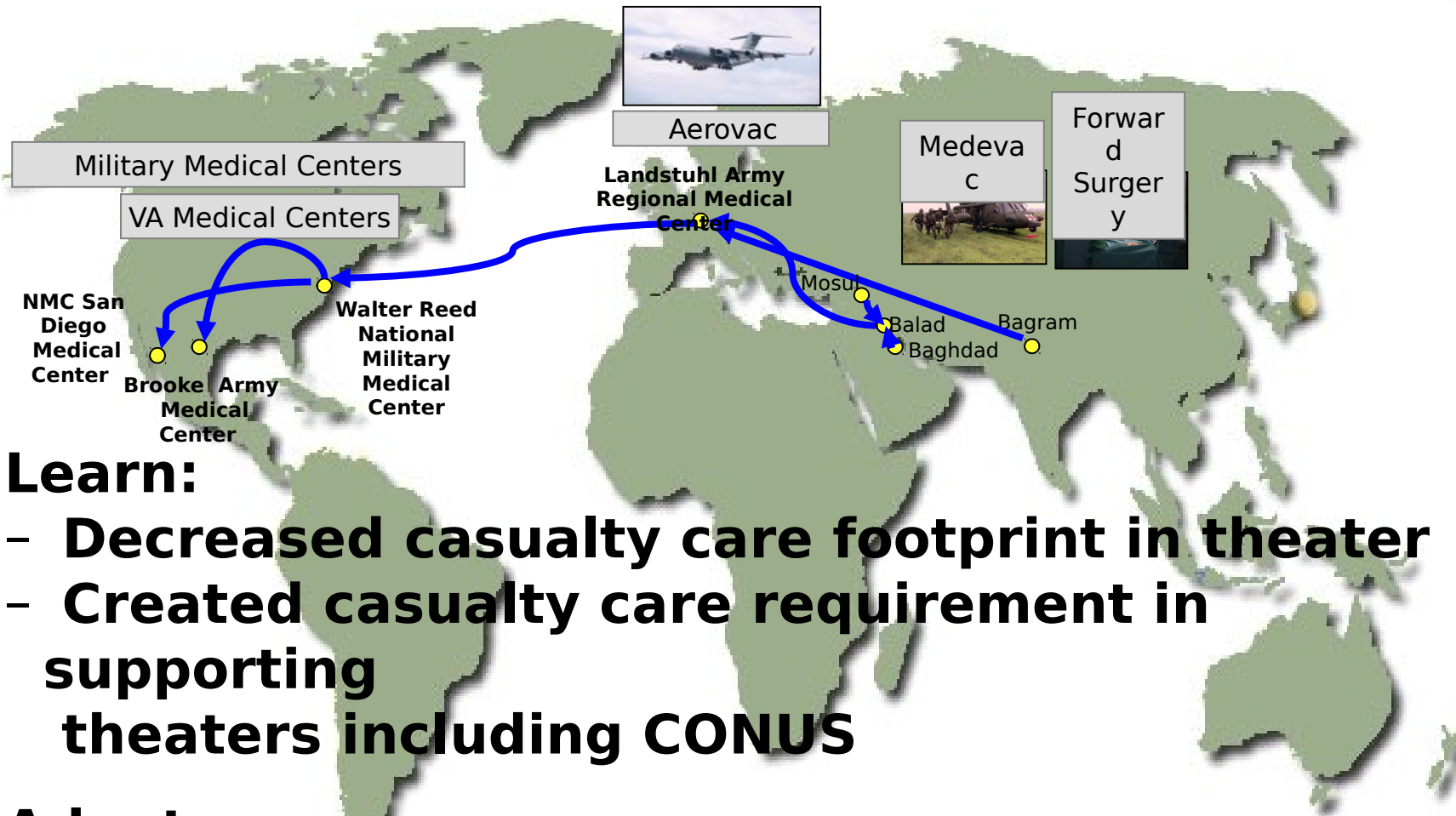
DECEMBER 2006

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HEADQUARTERS
DEPARTMENT OF THE ARMY

- The side that learns faster and adapts more rapidly - the better learning organization - usually wins
- Learn and Adapt is an imperative for U.S. forces

The World Changed - Casualty Care



Learn:

- Decreased casualty care footprint in theater
- Created casualty care requirement in supporting theaters including CONUS

Adapt:

- Hubs developed in National Capital Region, San Antonio and San Diego

Learn - New Mission: Amputee Care



Patriots in the military health system for life

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Adapt



Military Advanced Training Center



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Learn - New Mission: TBI Care



Research: Advances in wound reconstruction

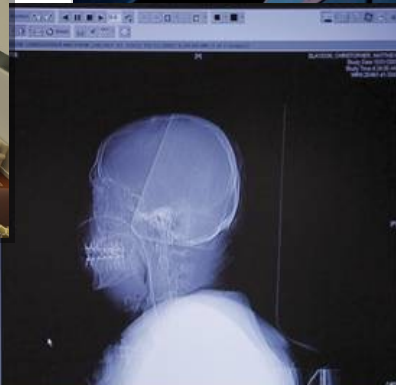
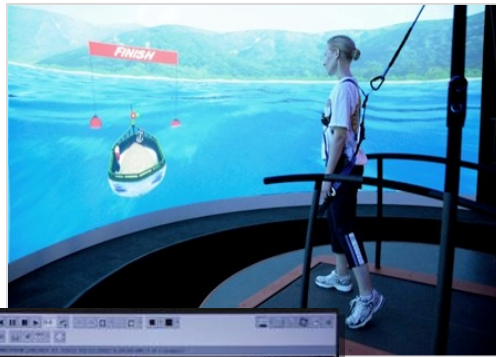
3D scans used to fabricate implants



Adapt



The National Intrepid Center of Excellence



- 75,000 square foot, two-story facility with advanced diagnostics, initial treatment plan and family education, and introduction to therapeutic modalities
- Provides referral and reintegration support for military personnel and veterans with TBI, post traumatic stress disorder, and/or complex psychological health issues

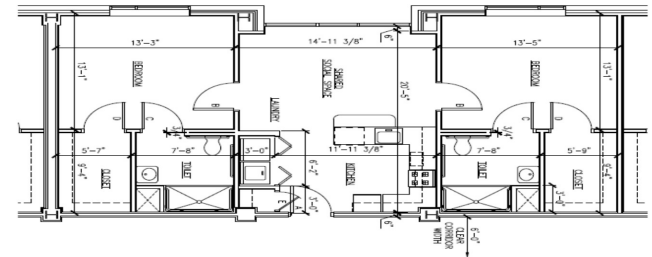
Learn - New Mission: Warrior Rehabilitation and Family Support

Warrior rehabilitation and family support



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Where The Nation Heals Its Heroes



Where The Nation Heals Its Heroes

The World Changed - World Class Care



The Washington Post

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Soldiers Face Neglect, Frustration At Army's Top Medical Facility

By Dana Priest and Anne Hull
Washington Post Staff Writers
Sunday, February 18, 2007



Staff Sgt. John Daniel Shannon has spent more than two years as a patient at Walter Reed Army Medical Center. The former sniper's skull was shattered in a gun battle in Iraq, and he has post-traumatic stress disorder. With him is his 6-year-old son, Drake. (Photos By Michel Du Cille -- The Washington Post)

Behind the door of Army Spec. Jeremy Duncan's room, part of the wall is torn and hangs in the air, weighted down with black mold. When the wounded combat engineer stands in his shower and looks up, he can see the bathtub on the floor above through a rotted hole. The entire building, constructed between the world wars, often smells like greasy carry-out. Signs of neglect are everywhere: mouse droppings, belly-up cockroaches, stained carpets, cheap mattresses.

This is the world of Building 18, not the kind of place where Duncan expected to recover when he was evacuated to Walter Reed Army Medical Center from Iraq last February with a broken neck and a shredded left ear, nearly dead from blood loss. But the old lodge, just outside the gates of the hospital and five miles up the road from the White House, has housed hundreds of maimed soldiers recuperating from injuries suffered in the wars in Iraq and Afghanistan.

The common perception of Walter Reed is of a surgical hospital that shines as the crown jewel of military medicine. But 5 1/2 years of sustained combat have transformed the venerable 113-acre institution into something else entirely -- a holding ground for physically and psychologically damaged outpatients. Almost 700 of them -- the majority soldiers, with some Marines -- have been released from hospital beds but still need treatment or are awaiting bureaucratic decisions before being discharged or returned to active duty.

They suffer from brain injuries, severed arms and legs, organ and back damage, and various degrees of post-traumatic stress. Their legions have grown so exponentially -- they outnumber hospital patients at Walter Reed 17 to 1 -- that they take up every available bed on post and spill into dozens of nearby hotels and apartments leased by the Army. The average stay is 10 months, but some have been stuck there for as long as two years.

Not all of the quarters are as bleak as Duncan's, but the despair of Building 18 symbolizes a larger problem in Walter Reed's treatment of the wounded, according to dozens of soldiers, family members, veterans aid groups, and current and former Walter Reed staff members interviewed by two Washington Post reporters, who spent more than four months



Rebuilding the Trust

Independent Review Group
Report on Rehabilitative Care and
Administrative Processes at
Walter Reed Army Medical Center and
National Naval Medical Center



April 2007

Serve, Support, Simplify

Report of the President's Commission on Care
for America's Returning Wounded Warriors
July 2007

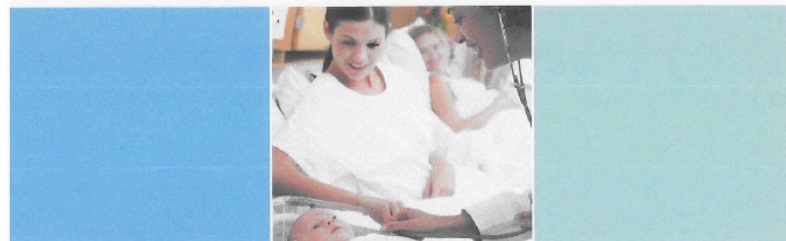
Learn



World Class Medical Facility

- *A facility achieves the distinction of being considered world class by doing many things in an exceptional manner*
- *World-class facilities are led by skilled and pragmatic visionaries. The practices and processes of a world-class medical facility are models to emulate*

ACHIEVING WORLD CLASS



An Independent Review of the Design Plans for the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital



National Capital Region Base Realignment and Closure Health Systems Advisory Subcommittee of the Defense Health Board

Good enough.....
2011 MHS Conference
isn't

Where The Nation Heals Its Heroes

Learn - World Class Mandate



NDAA FY10 - World Class Medical Facility

APPENDIX B

What Is a World-class Medical Facility?

As we men of medicine grow in learning we more justly appreciate our dependence on each other. The sum total of medical knowledge is now so great and wide spreading that it would be futile for any one man... to assume that he has even a working knowledge of any part of the whole... The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary... It has become necessary to develop medicine as a cooperative science; the clinician, the specialist, and the laboratory workers uniting for the good of the patient, each assisting in elucidation of the problem at hand, and each dependent upon the other for support.

William J. Mayo, M.D.
Commencement Address
Rush Medical College, 1910

General Description

A *world-class medical facility*¹ is one where the best of the art and science of medicine come together in a focused effort to meet the needs of the patient by providing the best in physical, mental, social and spiritual care. A *world-class medical facility* routinely performs at the theoretical limit of what is possible and consistently and predictably delivers superior healthcare value – i.e., high quality-care and optimal treatment outcomes at a reasonable cost to the patient and society.

A medical facility achieves the distinction of being considered *world class* by doing many things in an exceptional manner, including applying evidence-based healthcare principles and practices, along with the latest advances in the biomedical, informatics and engineering sciences; using the most appropriate state-of-the-art technologies in an easily accessible and safe healing environment; providing services with adequate numbers of well trained, competent and compassionate caregivers who are attuned to the patient's, and his or her family's culture, life experience and needs; providing care in the most condition-appropriate setting with the aim of restoring patients to optimal health and functionality; and being led by skilled and pragmatic visionaries. The practices and processes of a *world-class medical facility* are models to emulate.

Many of the elements of a *world-class medical facility* can be objectively assessed and measured with existing methods, as reflected in the characteristics enumerated in the following section entitled Defining Characteristics; however, a *world-class medical facility* is more than the sum of its parts. Much of what distinguishes an institution, or facility, as being *world class* results from synergies between and among its parts and cannot be measured with currently available methods.

A *world-class medical facility* regularly goes above and beyond compliance with professional, accreditation and certification standards. It has a palpable commitment to excellence. A *world-class medical facility* has

¹Importantly, in most settings the term *healthcare facility* would be used instead of *medical facility*, but because the legislation requiring this report used the term *medical facility*, that term is used here with the intent that it be viewed as being interchangeable with *healthcare facility*.

123 STAT. 2658

PUBLIC LAW 111-84—OCT. 28, 2009

(2) **WORLD CLASS MILITARY MEDICAL FACILITY.**—The term “world class military medical facility” has the meaning given the term by the National Capital Region Base Realignment and Closure Health Systems Advisory Subcommittee of the Defense Health Board in appendix B of the report entitled “Achieving World Class – An Independent Review of the Design Plans for the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital”, published in May, 2009.

SEC. 2715. USE OF ECONOMIC DEVELOPMENT CONVEYANCES TO IMPLEMENT BASE CLOSURE AND REALIGNMENT PROPERTY RECOMMENDATIONS.

(a) **ECONOMIC REDEVELOPMENT CONVEYANCE AUTHORITY.**—Section 2905(b)(4) of the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of Public Law 101-510; 10 U.S.C. 2687 note) is amended—

(1) in subparagraph (B), by striking the matter preceding clause (i) of such subparagraph and inserting the following: “(B) The transfer of property located at a military installation under subparagraph (A) may be for consideration at or below the estimated fair market value or without consideration. The determination of such consideration may account for the economic conditions of the local affected community and the estimated costs to redevelop the property. The Secretary may accept, as consideration, a share of the revenues that the redevelopment authority receives from third-party buyers or lessees from sales and long-term leases of the conveyed property, consideration in kind (including goods and services), real property and improvements, or such other consideration as the Secretary considers appropriate. The transfer of property located at a military installation under subparagraph (A) may be made for consideration below the estimated fair market value or without consideration only if the redevelopment authority with respect to the installation—”, and

(2) in subparagraph (C), by striking “subparagraph (B)” and inserting “subparagraph (B)(i)”.

(b) **REPORT CONCERNING PROPERTY CONVEYANCES.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report regarding the status of current and anticipated economic development conveyances involving surplus real and personal property at closed or realigned military installations, projected job creation as a result of the conveyances, community reinvestment, and the progress made as a result of the implementation of the amendments made by subsection (a).

TITLE XXVIII—MILITARY CONSTRUCTION GENERAL PROVISIONS

Subtitle A—Military Construction Program and Military Family Housing Changes

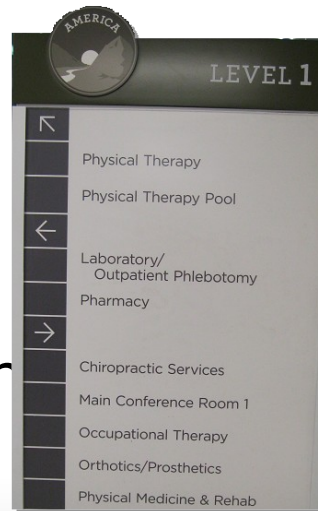
- Sec. 2801. Modification of unspecified minor construction authorities.
- Sec. 2802. Congressional notification of facility repair projects carried out using operation and maintenance funds.
- Sec. 2803. Modification of authority for scope of work variations.
- Sec. 2804. Modification of conveyance authority at military installations.
- Sec. 2805. Imposition of requirement that acquisition of reserve component facilities be authorized by law.

Adapt - Evidence Based Design



Patient-Centered Care

- Single Patient Rooms
- Enhanced wayfinding
- Maximum exposure to natural light
- HEPA air filtration
- Optimized adjacencies
- Patient lifts
- Nursing and support staff decentralization
- Automated Check-in



Adapt - World Class ORs



New and renovated world class surgical suites

- Advanced technology including Karl Storz Endoscopy Systems and daVinci Robotics
- 600-800 square foot ORs to accommodate new technology
- Wireless communications, real-time tracking systems, point-of-care testing, and remote patient management



The World Changed - Readiness at Home



Be Ready Now

- Readiness Role in Disaster Preparedness

Working with Communities

- Exercise CAPITAL SHIELD (October 2010)
 - Exercise grew from local first responders/tech rescue to over 90 federal, state and local agencies and private and public sector organizations
- Participants included:
 - Maryland UASI Expansion Grant Hospitals
 - Northern Virginia Hospital Alliance
 - District of Columbia Hospital Association
 - Maryland Institute of Emergency Medical Support System
 - Montgomery County Police Department
 - Montgomery County Department of Health
 - Montgomery County EMS
 - Prince George's County EMS
 - Prince George's County Department of Health
 - Montgomery County Office of Emergency Management
 - NCR Military Medical Facilities



The world changed - Dual Mission



Readiness



**Casualty Care
Rehabilitation**

**Disaster Preparedness
World Class Facilities**



**Beneficiary
Care**



Strategy for the future must accommodate the tectonic shift in readiness requirements and new missions.

Learn - Integrating Lines of Effort



Primary Care →



Specialty Care →



Purchased Care →



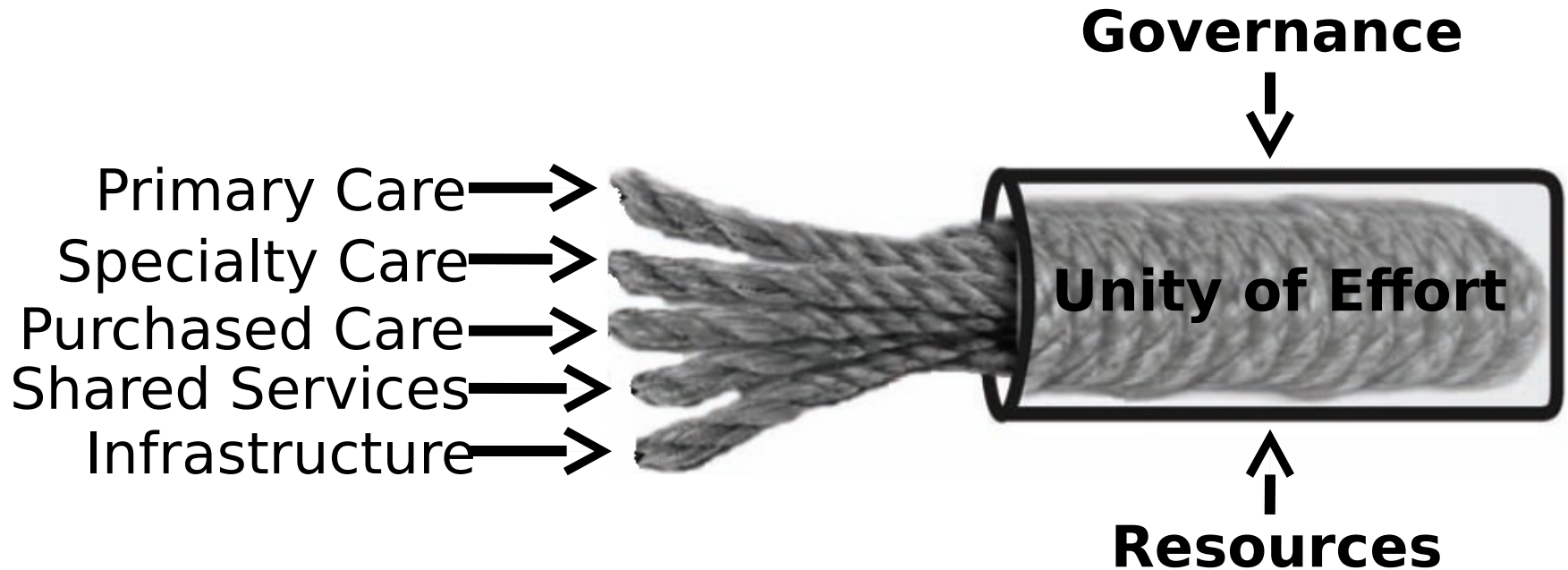
Shared Services →



Infrastructure →



Integrated Delivery System



Adapt



FM 3-24
MCWP 3-33.5

COUNTERINSURGENCY

DECEMBER 2006

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HEADQUARTERS

DEPARTMENT OF THE ARMY

- Achieving unity of effort is the goal of command and support relationships
- Unity of command is the preferred doctrinal method for achieving unity of effort by military forces

Adapt: Integrated Delivery System



NCR IDS anchored by two world class facilities



**Walter Reed
Bethesda**



**Fort Belvoir
Community
Hospital**



Adapt: Integrated Care



Comprehensive Cancer Center at

- **WRNMMC** Cancer Center will be a peer-partner with the National Cancer Institute.
- National Cancer Institute designated Cancer Centers are recognized for their scientific excellence. They are a major source of discovery and development of more effective approaches to cancer prevention, diagnosis, and treatment.



Adapt: Integrated Care Infrastructure



Standard operating environment

Critical Care <ul style="list-style-type: none"> • Smart Suite Technology • Patient monitoring system • Automated medication & supply distribution system • Key equipment components 	Emergency Departments <ul style="list-style-type: none"> • Patient monitoring system • Examination room stretchers • Exam and treatment room components 	Operating Rooms <ul style="list-style-type: none"> • Integrated OR Technology that has been designed for WRNMMC now proposed for purchase for FBCH
Pharmacy <ul style="list-style-type: none"> • Pharmacy robotics system • Automated medical & supply distribution system • Casework and storage units 	Radiology & Imaging <ul style="list-style-type: none"> • Linear accelerators • Oncology simulators • MRI • CT, PET CT • Cardiac catheterization units 	IT Infrastructure <ul style="list-style-type: none"> • Data storage units • Servers • Internet Protocol/Fiber Channel Switches
Hospital Rooms <ul style="list-style-type: none"> • Hospital Beds • Automated medical & supply distribution system • Many similar equipment items 	Exam/Treatment <ul style="list-style-type: none"> • Room design and contents are largely common • Exam tables from common manufacturer • Examination items such 	Furniture <ul style="list-style-type: none"> • Systems furniture to include work stations, supply storage units, and other components from the same manufacturer.

Adapt: MHS Future



- Define requirement for casualty care beds in CONUS
- Distribute casualty care and rehabilitation capability
- Integrate the hubs to maximize effectiveness and efficiencies

